

EXHIBIT 1

STATE OF ARIZONA
CERTIFICATION OF VITAL RECORDORIGINAL
STATE COPYSTATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATHState File Number
102-2022-032909

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)		3. DATE OF DEATH	
MARIA, CHRISTINA, NAPOLI				06/05/2022	
4. SEX	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE		
FEMALE			71 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
SCOTTSDALE, MARICOPA, 85259					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
RESIDENCE -					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
BRONX, NEW YORK		DIVORCED		NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
14. DECEDENT'S HISPANIC ORIGIN(S)		15. DECEDENT'S RACE(S)		16. EVER IN ARMED FORCES	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE		NO	
17. OCCUPATION		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)			
PROFESSOR OF SOCIAL WORK		MARY, DOROTHY, BUSATTI			
19. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)	
ALBERT, JOHN, NAPOLI				ERIC, MICHAEL, SHETZEN	
21. INFORMANT'S MAILING ADDRESS				22. RELATIONSHIP	
3336 TILDEN AVENUE #101, LOS ANGELES, CA, 90034				SON	
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25. LICENSE NUMBER	
MESSINGER FOUNTAIN HILLS MORTUARY 12065 N SAGUARO BOULEVARD, FOUNTAIN HILLS, AZ, 85268		ALLAN, RUBY		FDL-001025	
26. METHOD(S) OF DISPOSITION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
CREMATION		PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, AZ, US			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH				30. APPROXIMATE INTERVAL	
STAGE 4 OVARIAN CANCER				YEARS	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38. INJURY?		39. INJURY AT WORK?	
		NO		NATURAL DEATH	
40. MANNER OF DEATH		41. TIME OF DEATH		42. WAS AN AUTOPSY PERFORMED?	
		03:30		NO	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		44. NAME OF PERSON COMPLETING CAUSE OF DEATH			
		MELISSA, HULSING			
45. DATE CERTIFIED		46. CERTIFIER'S ADDRESS			
06/06/2022		2020 E WOODSIDE COURT, GILBERT, AZ, 85297			

Date Registered: 06/07/2022

Date Issued: 06/08/2022

VS-49 Rev. 12/2017

J3698034

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA
Revised 07/2016KRYSTAL COLBURN
ASSISTANT STATE REGISTRARARIZONA DEPARTMENT
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE